PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OR SMALL ENTITY					
TOTAL CLAIMS			36					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		F	BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			36 minus 20=		• 16		ľ	X\$ 9=	•	OR	X\$18=	288.0	
NDEPENDENT CLAIMS			minus 3 =		•		ŀ	X40=		OR	X80=	~	
	TIPLE DEPEND		2				ŀ					-	
_			_					+135=	_	OR	+270=		
" If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	998.00	
4504 CLAIMS AS AMENDED - PART II								SMALL E	HTITY	OR	OTHER SMALL E		
	10/0/	(Column 1)	7	RIG	LEST	(Cotumn 3)	ſſ	1	ADDI-) 		ADDI-	
Y		REMAINING AFTER		PREVI	BER OUSLY	PRESENT . EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
9		AMENDMENT	Mark Comment		FOR		l	Y0 0	FEE		X\$18=	PEE	
MENDMENT A	Total	. 29	Minus		36	= 3		X\$ 9=		OR			
Ĭ	crocz poses	· &	Minus	ENDEN	T CLAIM	- C-		X40=		OR	X80=	_	
HAST PRESENTATION OF IT			AULTIPLE DEPENDENT CLAIM				'	+135=		OR	+270=		
								YOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	430	
	5/2100	(Celumn 1)		(Coh	ımn 2)	(Column 3)		toon. ree					
		CLAIMS REMAINING			HEST	PRESENT	۱ [ADDI-			ADDI-	
Ę		AFTER AMENDMENT		PREV	D FOR	EXTRA	11	RATE	TIONAL		RATE	TIONAL FEE	
AMENDMENT B	Total	· 6	Minus	••			Н	X6.9=		OR	X\$18=		
Ž	independent	. 6	Minus			=	П	X40=	/	1	X80=		
ğ	FIRST PRESENTATION OF MULTIPLE DEPENDEN			IT CLAIM]	7400		Pea				
								+135=		OR	+270=	<u> </u>	
)	0/14/0	-						TOTAL ADDIT. FEE		OA	ADOIT. FEE		
1	4/0	(Column 1)			umn 2)	(Column 3	1			_			
5		CLAIMS			ihest Mber	PRESENT		2175	ADDI-	1	RATE	ADDI- TIONAL	
ENTC		AFTER AMENDMENT			VIOUSLY ID FOR	EXTRA		RATE	TIONAL FEE		HAIE	FEE	
S	Total	. 6	Minus	••	36	=		X\$ 9=		T _{OR}	X\$18=		
AMENDM	Independent	. 6	Minus		8]	X40=		1	X80=	1	
1	FIRST PRES	ENTATION OF	MULTIPLE DE	PENDE	NT CLAIR				 	OR		 	
						-b \$		+135=		OR		<u> </u>	
L ⊶	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "1."									OF	ADDIT. FE		
"		umber Previously mber Previously (und in the a	ppropriate b	ox to c	column 1,		
L							-				EPARTMENT (DE CONNEC	

FORM PTO-075 (Rev. 800)

Application or Docket Number